posted or

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

05 APR 21 PM 3: 12

Full Name of Committee	, , , , , , , , , , , , , , , , , , , 						Registre	tion Numb	er, if P/	KON COUN FEELECTI
The Committee	to El	ect Eddie Pau	line					DUA	AU C	14 - 14 Landard 1 - 14 C
Full Name of Candidate										
Eddie Pauline										
Street Address					Office Sought				District	
980 King Ave. Blo	1.9	Apt. 6			Colum	bus Cit	y Co	uncil		
City						S	tate	Zip Code)	
Columbus							OH	432	12	
Type of Report	Χ	Pre-Primary	Post-Primary	Pre	-General		Post-Ge	neral		Annual Year
(place X to the left of report		July	August	Sep	otember					Semiannual
(ype)		Monthly	Monthly	Mo	nthly		Termin	ation		
Amended Report?	No	Report Electr	onically filed? Yes	Date of Elec	iion	0_	м 5	0	3	0 5

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

f. Amount brought forward from last report	\$	0.00	
A CAMPANIA CONTRACTOR	e e	0.00	
2. Total monetary contributions (Franc Form No. 31-A)	\$	8,820.00	v
1. Total other income (From Form No. 31-A-2)	\$	0.41	V
	\$		
Fortal finals available (som of lines 1, 2, 3)		8,820.41	ľ,
. Total monetary expenditures (From Form Mo. 31-4)	\$	643.28	V
	\$	0 177 12	
Bulance on hard (line 4 minus line 5)		8,177.13	V
7. Value of in-land contributions received (From Form Ne: 31-3-1)	\$	646.26	
	\$	0.00	
i. Value of in-kind contributions made (From Form No. 31-1-2)		0.00	
9 Ourstanding loans owed by committee (Prost Fourt No. 31-C)	\$	0.00	
	\$		
(i) Consuming active owned by committee (From Fortis No. 31-32)		0.00	l
11 Outstanding Journs over the committee (From Focus No. 31-K)	\$	0.00	
•	\$	J.00	1
12. Value of independent expanditures made (From Horse No. 31-U)		0.00	1
13. For Electronic Piling Emilios only	\$		1
Sum of lines 2, 7 and amount of any new loans received this period			

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER								
Eric Weldele: 7	4/21/05							
Print Name and Title (Treasurer and		Signature		Date				
Contribution	Expenditure		Other	Total				
pages 9	pages	1	pages 0	pages 10				

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Page 1	_

Prescribed by Secretary of State 3/05

Name of Committee in Full	.1							
The Committee to Elect Eddie Pau	iline			In.	dan New 1	a iena		
Full Name of Contributor				Registra	uon Num	ber, if PA	U	
Tom Davis								
Street Address	Employe	ar/Occupa	tion/Labor Organization*			1	Form (Cash, C	neck, etc.)
One Miranova Place					,		Check	
City	Si	ate	Zip Code	М	D	Y	Amount	
Columbus	0	H	43216	0 2	16	0 5		1,000.00
Full Name of Contributor				Registra	tion Num	ber, if PA	С	
Mark Anthony Ryan								
Street Address	Employe	er/Occupe	tion/Labor Organization*				Form (Cash, C	heck, etc.)
364 W. Lane Ave. Apt. 437							Check	
City	Si	ate	Zip Code	М	D	Y	Amount	** 00
Columbus	0	Н	43201		0 9			25.00
Full Name of Contributor				Registra	tion Num	ber, if PA	С	
William T. Hiller								
Street Address	Employe	r/Occupe	ation/Labor Organization*				Form (Cash, C	heck, etc.)
9540 Remington Dr.							Check	
City	S	ate	Zip Code	M	D	Y	Amount	
Mentor	0	H	44060	0 3			<u> </u>	100.00
Full Name of Contributor				Registra	tion Num	ber, if PA	С	
Jill Craig								
Street Address	Employ	er/Occupa	ation/Labor Organization*				Form (Cash, C	heck, etc.)
6517 Jones Rd.							Check	
City	S	late	Zip Code	М	D	Y	Amount	= 0.00
Bloomingburg	0	H	43106		0 6			50.00
Full Name of Contributor				Registra	tion Num	ber, if PA	.C	
Daniel Steinberg								
Street Address	Employ	er/Occup	ation/Labor Organization*				Form (Cash, C	heck, etc.)
471 Blandings Ct.							Check	
City	1 _	tate	Zip Code	M	D	Y	Amount	E0.00
Worthington	0	H	43085	0 3				50.00
Full Name of Contributor				Registra	ition Num	ber, if PA	.C	
Mabel Freeman								
Street Address	Employ	er/Occup	ation/Labor Organization*				Form (Cash, C	neck, etc.)
65 Meadow Park Ave.			T		T	, ;, -	Check	
City		tate	Zip Code	M	D	Y	Amount	200.00
Columbus	0	H	43209			0 5		200.00
Full Name of Contributor				Registra	tion Num	ber, if PA	,C	
James Tressel							7 (0) 6	
Street Address	Employ	er/Occup	ation/Labor Organization*				Form (Cash, C	heck, etc.)
2777 McCoy Rd.							Check	
City	i i	tate	Zip Code	М	D	Y	Amount	100.00
Columbus	10	H	43220	0 3				100.00
Full Name of Contributor				Registra	uon Nun	ber, if PA	iC.	
Joy Mahrer							F (C 1 C	1
Street Address	Employ	er/Occup	ation/Labor Organization*				Form (Cash, C	neck, etc.)
114 Mayfair Dr.			Te: :		т "	T	Check	
City	i	tate	Zip Code	M	D	Y	Amount	100.00
Pittsburgh	P	A	15228	0 3	29		oma of the	100.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,625.00

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6. CO - 11. 7. 11								
Name of Committee in Full								
The Committee to Elect Eddie Pauline	1 -111, 11, 11, 11, 11, 11, 11, 11, 11, 11			Remint	ation Numi	er. if DA	c	
Full Name of Contributor				, registr	u iyun	sa FM	-	
Laura Ambro	Employ /	D(01-0	tion/Labor Organization*	1			Form (Cash, Check, etc.)	-
Street Address	Employer/C	with	man raisa (Abantanon,					
12493 Cedar Rd. Apt. 9			Zin Code	M	I D	ΓŸ	Check Amount	
City	State	н	Zip Code 44106	$\begin{bmatrix} M \\ 0 \end{bmatrix}$ 3			20.00	n
Cleveland Heights	0		TILOU		2 3 ation Num			~
Full Name of Contributor				Бтоп	1 4 011 1	,		
Matthew Ottiger	Employae/	CCITAC	ation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address	Anproyer/C	~~upa	moss twoos of Rameanon,				Check	
661 Briggs St.	State	 1	Zip Code	I м	T D	Y	Amount	
Columbus	1	н	43206	0 4		1	75.0	M
Columbus Full Name of Contributor	10		T-0400		ation Num			<u></u>
				1		, ** # 4%		
Jason Pauline Street Address	Employer/C	CCHPet	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)	
	- Proyer/C	pfkt					Check	
5548 Deerborn Ave.	State		Zip Code	М	D	Y	Amount	
Mentor		н	44060	0 3	1 .	0 5		Ю
IVIENTOR Full Name of Contributor			1 11000		ation Num			
Jerry Jordan								
Street Address Employer/Occupation/Labor Organization*			-	**************************************		Form (Cash, Check, etc.)		
795 Old Woods Ave.	Inipioyal Goodpacos Lines Signature						Check	
795 Old Woods Ave.	State		Zip Code	М	D	Y	Amount	
Columbus	1 .	Н	43235	0 3		1 . 1	200.0	10
Full Name of Contributor					ation Num			<u> </u>
Frank Lazar								
Street Address	Employer/O	ccupa	ation/Labor Organization*	-			Form (Cash, Check, etc.)	-
580 E. Town St. Apt. 135	1	4.~	-				Check	
City	State		Zip Code	M	D	Y	Amount	
Columbus	1 .	Н	43215	0 4	103	0 5	100.0	00
Full Name of Contributor		*************		Y L	ration Num		<u> </u>	
Iessica Fenell								
Street Address	Employer/C)ccupa	ation/Labor Organization*		****		Form (Cash, Check, etc.)	
8155 Wedgewood Dr.		-					Check	
City	State		Zip Code	M	D	Ý	Amount	
Chesterland	0	Н	44026	03	3 1 3	0 5	50.0)0
Full Name of Contributor					ration Num			
Jeffrey Brannon								
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
1949 W. Cortland St.					***		Check	
City	State		Zip Code	M	D	Y	Amount	
Chicago	I	L	60622	0 3		0 5		<u> 00</u>
Full Name of Contributor				Registr	ration Num	ber, if PA	ıC	
Larry Lokai								
Street Address	Employer/C	Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
793 Terry Lane	1						Check	-
City	State		Zip Code	M	D	Y	Amount	
Urbana		Н	43078	0 3)0
equired for contributions from individuals over \$100 to statewide and gener	rai assembly c	andida	ates. If contributor is self-employ				me of the	

Page Total \$	620.00

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Name of Committee in Full						
The Committee to Elect Eddie Pauline						
Full Name of Contributor			Registra	tion Num	ber, if PA	c
Brad Myers			1			
Street Address	Employer/Occurs	ntion/Labor Organization*	-			Form (Cash, Check, etc.)
£					Ì	Check
4528 Olentangy Rd.	State	Zip Code	M	D	Ÿ	Amount
Columbus	OH	43214	0 3	1 .	1 . 1	50.00
COLUMDUS Full Name of Contributor	<u>. ~ 1 11 </u>	1 ->		tion Num		
Natalie Siston						
Natalie Sistori	Employer/Occure	ation/Labor Organization*				Form (Cash, Check, etc.)
	,				ļ	Check
3943 El Camino Real Apt. 4	State	Zip Code	M	D	Y	Amount
1 -	CA	94306	03	1 .	1 1	25.00
Columbus		1 72000		tion Num		
Full Name of Contributor			region	-mon indili	, u FA	· -
Zachary Elder	Temple/O	ation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	Lampioyer/Occups	THURSDAY OF SHILL SHORT				1
4257 San Pablo Dam Rd.	1	Trin Code	T 1/	_ n	ΙΥ	Check Amount
City	State A	Zip Code	M	D	1	
El Sobrante	CA	94803	0 3			
Full Name of Contributor			Kegistri	ation Num	ют, п РА	ı
John Mount	Transition in	And And				Form (Carl Charles
Street Address	Employer/Occupe	ation/Labor Organization*				Form (Cash, Check, etc.)
3121 Barry Trace Ct.	<u> </u>	To: O				Check
City	State	Zip Code	M	D	Y	Amount
Dublin	OH	43017	0 3			
Full Name of Contributor			Registra	ation Num	ber, if PA	c
William Napier						
Street Address	Employer/Occupa	ation/Labor Organization*			1	Form (Cash, Check, etc.)
2105 Fairfax Rd				-		Check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43221	0 3		0 5	
Full Name of Contributor			Registra	ation Num	ber, if PA	.c
Joseph Shultz					-	
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
3378 County Rd. 21	<u>L</u> .					Check
City	State	Zip Code	М	D	Y	Amount
DeGraff	OH	43318	0 2	0 9	0 5	75.0
Full Name of Contributor				ation Num		
lack Miner			L			
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
114 E. Second Ave						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43201	0 3	0 8	0 5	100.0
Full Name of Contributor				ation Num		
Mary Leavitt			1			
Street Address	Employer/Occur	ation/Labor Organization*				Form (Cash, Check, etc.)
1050 Stoney Creek Rd.						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43235	03	1 .	1	•
CORTINOUS						

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 550.00

Prescribed by Secretary of State 3/05

		•					
Name of Committee in Full							
The Committee to Elect Eddie	e Pauline						
Full Name of Contributor			Registrat	ion Num	ber, if PA	C	
William Hiller							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
9540 Remington Rd.						Check	
City	State	Zip Code	М	D	Y	Amount	
Mentor	OH	44060	0 3	0 7	0 5	100.0	<u> </u>
Full Name of Contributor			Registrat	tion Num	ber, if PA	C	
Geraldine Steel							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
5261 Barony Pl.						Check	
City	State	Zip Code	М	D	Y	Amount	
Cincinnati	OH	45241	0 3	2 1	0 5	100.0	00
Full Name of Contributor			Registrat	ion Num	ber, if PA	C	
Joan Perkins							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
5269 Barony Pl.						Check	
City	State	Zip Code	М	D	Y	Amount	
Cincinnati	O H	45241	0 4	0 3	0 5	100.0	00
Full Name of Contributor					ber, if PA	С	
Florence Odita							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	-
3155 Wareham Rd.						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43221	0 4	0 6	0 5	50.0	00
Full Name of Contributor					ber, if PA	c	
Tom Davis							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
One Miranova Pl.						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОН	43216	0 4	0 8	0 5	1,000.0	00
Full Name of Contributor					ber, if PA		
Vernon Morrison			1				
Street Address	Employer/Occup	ation/Labor Organization*	·· · · · · · · · · · · · · · · · ·			Form (Cash, Check, etc.)	-
2333 McCoy Rd						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОН	43220	0 4	06	0 5	100.0	00
Full Name of Contributor					ber, if PA		
Bradley Block							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
8581 Dusinane Dr.		-				Check	
City	State	Zip Code	М	D	Y	Amount	
Dublin	ОН	43017	0 4	0 7	0 5	75.0	00
Full Name of Contributor		22.00 10 200 7			ber, if PA		
Troy Doucet							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
3718 Peak Dr.		-				Check	
City	State	Zip Code	M	D	Y	Amount	
Gahanna	ОН	43230	0 4	0 7	0 5	<i>7</i> 5.0	00
			1012		<u> </u>		

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Page Total	\$	1,600.0	<u>)</u>

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Prescribed by Secretary of State 3/05

Name of Committee in Full							
The Committee to Elect Eddie Pauline							
Full Name of Contributor			Registra	tion Numl	ber, if PA	C	
Mary Ann Potter Lewis							
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	
2121 Bethel Rd.]	J				Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОН	43220	0 4	0 7	0 5	<i>7</i> 5.00	
Full Name of Contributor		tion Num					
Gregory Allen							
Street Address	Employer/Occup	oation/Labor Organization*	- 			Form (Cash, Check, etc.)	
9640 Jackson St.						Check	
City	State	Zip Code	M	D	Y	Amount	
Mentor	OH	44060	0 3			100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Frank Titus							
Street Address	Employer/Occup	pation/Labor Organization*	, , , , , , , , , , , , , , , , , , , ,			Form (Cash, Check, etc.)	
1251 Harrison Ave.						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43201	0 4		0 5	75.00	
Full Name of Contributor			Registra	ition Num	ber, if PA	c	
Dorothy Teater			1				
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)	
286 W. Weisheimer						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43214	$0 \mid 4$			100.00	
Full Name of Contributor			Kegistra	tion Num	ber, if PA	C	
Roger Tracy	In1 /0		<u></u>			Form (Cash, Check, etc.)	
Street Address	Employer/Occup	pation/Labor Organization*				1	
5057 Heath Gate Dr.	6	Zin Codo	M	D	Y	Check Amount	
City Nov. A Books	State	Zip Code 43054	1 .	1 .	l .	1	
New Albany Full Name of Contributor	OH	1 43034		0 6			
			170R19R1	HINN I WILL	oa, ara		
Lee Schear Street Address	Employee/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	
1	Employer/CACU	bancarranoi cagainzanoi.				Check	
1130 Harman Ave.	State	Zip Code	М	D	Y	Amount	
1 *	O H	45419	2	03	1	F	
Dayton Full Name of Contributor	1 0 1 11	10117		tion Num			
Evelyn Kiffmeyer					,		
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	
458 Scarborough						Check	
City	State	Zip Code	М	D	Y	Amount	
Painesville	OH	44077	0 4	0 3	0 5	50.00	
Full Name of Contributor	I			tion Num			
Collen O'Brien							
Street Address	Employer/Occu	pation/Labor Organization*	<u></u>			Form (Cash, Check, etc.)	
2015 Roundwyck Ln.						Check	
City	State	Zip Code	М	D	Y	Amount	
Powell	OH	43065	0 4	0 5	0 5	50.00	
amined for contributions from individuals error \$100 to statearide and gener	11						

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Page Total	\$	650.00

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Prescribed by Secretary of State 3/05

Name of Committee in Full	.1:						
The Committee to Elect Eddie Pau	ume		Dagistro	tion Mum	ber, if PA	Č	
Full Name of Contributor			Kegisua	mon nom	oci, ii ra	C	
Colleen O'Brien	TE-seleves/Onese	ntion/I shor Organization*				Form (Cash, Check	r ato)
Street Address	Employer/Occup	ation/Labor Organization*				` '	L, CW.)
2015 Roundwyck Ln.		Zip Code	1 1/	D	Y	Check Amount	
City Powell	State O H	43065	$\begin{vmatrix} M \\ 0 \end{vmatrix} 3$	1 .	0 5	Anoun	100.00
Full Name of Contributor		10000			ber, if PA	C	100.00
Charles Jenkins					,		
Street Address	Employer/Occur	eation/Labor Organization*	L			Form (Cash, Check	k, etc.)
2867 N. West Blvd.	, , , , , , , , , , , , , , , , , , , ,					Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43221	0 4	0 9	0 5		25.00
Full Name of Contributor					ber, if PA	C	
John Mount			1				
Street Address	Employer/Occur	nation/Labor Organization*				Form (Cash, Checl	k, etc.)
3121 Barry Trace Ct.		•				Check	
City	State	Zip Code	М	D	Y	Amount	·
Dublin	ОН	43017	0 4	1111	0 5		50.00
Full Name of Contributor					ber, if PA	Č	
Paul Love			1				
Street Address	Employer/Occur	ation/Labor Organization*	L			Form (Cash, Checl	k, etc.)
540 Overbrook Dr.		ū				Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОН	43214	0 4	0 7	0 5		25.00
Full Name of Contributor					ber, if PA	С	
Marlinda Iyer							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check	k, etc.)
367 W. 8th Ave.						Check	
City	State	Zip Code	М	D	Y	Amount	······································
Columbus	OH	43201	0 3	1 5	0 5		100.00
Full Name of Contributor					ber, if PA	c	
Amy Shipman			1				
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check	k, etc.)
15921 Grove Street						Check	
City	State	Zip Code	М	D	Y	Amount	
Middlefield	OH	44062	0 3	1 7	0 5		100.00
Full Name of Contributor			Registra	ition Num	ber, if PA	C	
Felix Alonso							
Street Address	Employer/Occur	ation/Labor Organization*				Form (Cash, Checi	k, etc.)
943 Highland St.						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43201	0 3	2 8	0 5		100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Larry Disbro							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check	k, etc.)	
9234 Johnnycake Ridge Rd					Check		
City	State	Zip Code	М	D	Y	Amount	
Mentor	OH	44060	0 3	3 0	0 5		100.00
any in all for a metallications from individuals over \$100 to state wide		latar If a mediantar is salf asset	January Hongan		and the me	ma af tha	

Pa	ge Total	\$ 600.00	
Pε	ge Total	\$ 600.00	

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Prescribed by Secretary of State 3/05

									
Name of Committee in Full									
The Committee to Elect Eddie Pauline		-		Danista	tion Nom	ber, if PA	C		
Full Name of Contributor				I/cRI2018	MON LANII	we, ara	~		
Dennis Trentman	le	(0)	tion (I also Organization*				Form (Cash, Chec	ck etc.)	
Street Address	Employer	/Occupa	tion/Labor Organization*					.m., 010.)	
7896 New Brunswick	ļ <u>.</u>			1 1/	T 5	ΙΫ́	Check Amount		
City	Sta		Zip Code	M	D	1 .	Amount	100.00	
Cincinnati	0	Н	45241	0 3			<u> </u>	100.00	
Full Name of Contributor		, .	Title allere Const	Registration Number, if PAC OH108					
Vorys Sater Seymour & Pease LLP Adv	ocates	tor i	strective Govt	UF	1108		Cod Cha	ole oto)	
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Cho	ek, etc.)	
52 E. Gay Street							Check		
City	Sta		Zip Code	M	D	Y	Amount	F00.00	
Columbus	Q	Н	43215	0 3		0 5	<u></u>	500.00	
Full Name of Contributor		_				iber, if PA	C		
Vorys Sater Seymour & Pease LLP Advocates for Effective Govt				OF	1108				
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)	
52 E. Gay Street							Check		
City	Sta	ite	Zip Code	М	D	Y	Amount		
Columbus	0	H	43215	0 3				500.00	
Fuil Name of Contributor				Registr	ation Nur	iber, if PA	iC		
Franklin County Forum									
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)	
525 Hiler Rd.							Check		
City	Sta	ate	Zip Code	М	D	Y	Amount		
Columbus	0	Н	43228	0 2	2 5	0 5		25.00	
Full Name of Contributor	•			Registr		nber, if PA	C		
Nicholas Everhart									
Street Address	Employe	г/Оссира	tion/Labor Organization*	···, C.,	(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Form (Cash, Che	ck, etc.)	
3944 North Hampton Dr.		-					Check		
City	Sta	ate	Zip Code	М	D	Y	Amount		
Columbus	0	Н	43065	0 4	1 3	0 5	1	75.00	
Full Name of Contributor		·				nber, if PA		<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Stephen Helwagen				1					
Street Address	Employe	r/Occupa	ntion/Labor Organization*	-1	1.5.1 2012000	(- - - - - - - - - - - - -	Form (Cash, Che	ck, etc.)	
241 Key Blvd.	1		-				Check		
City	St	ate	Zip Code	М	D	Y	Amount		
Pataskala		Н	43062	0 4	113	0 5	1	50.00	
Full Name of Contributor						nber, if P			
Mory Fuhrmann									
Street Address	Employe	r/Occup	ation/Labor Organization*	_ l			Form (Cash, Che	ck, etc.)	
4603 Ludington Rd.			J —				Check		
City	St	ate	Zip Code	М	D	Y	Amount		
Columbus	0	Н	43227	1	1	0 5	•	50.00	
ull Name of Contributor						nber, if PA			
						,			
Aaron Leventhal Street Address	Employ 20	r/Occur	ation/Labor Organization*				Form (Cash, Che	ck, etc.)	
	Lamproye	vvup	The same of Parisons				Check		
759 City Park Ave.		ate	Zip Code	M	D	ΤΥ	Amount		
Columbia	O	H	43206	0 4		1 .		50.00	
Columbus		i						50.00	

	_	
Page Total	\$	1,350.00

Page 8
· "5"

Prescribed by Secretary of State 3/05

			K		-		**************************************		
Name of Committee in Full									
The Committee to Elect Eddie Pauline				Panin	tion No-	ber, if PA	Ć.		
Full Name of Contributor				registr	mon num	ura, II PA	_		
George Arnold	Ir-	3000	hon/I show Organization	<u> </u>	·		Form (Cash, Chec	k etc.)	
Street Address	r.mployer/	occupa	tion/Labor Organization*				l '	u, ow.j	
3020 Dale Ave.	 		Zin Cod-	1 1/	T 15		Check		
City	State		Zip Code	M	D	O 5	Amount	<i>7</i> 5.00	
Columbus	0	Н	43209	0 4		0 5 ber, if PA	C	75.00	
Full Name of Contributor				vokizni		ve, II FA			
Michael Valo	Tipmata-	- Inches	tion/Labor Chamination*	<u> </u>	, , , , , , , , , , , , , , , , , , , 		Form (Cash, Chec	k, etc \	
Street Address	Lanpioyer/	upa	tion/Labor Organization*			ļ		·J	
931 Longview Ct.	+	 1	Zin Code	I M	I D	ΙΥ	Check Amount		
Coloradore	State	н	Zip Code 43735		1 .	1 . 1	. mayout	50.00	
Columbus	0	11	43235	0 4		0 5 ber, if PA	C	50.00	
Full Name of Contributor				regism	ATDA TACHE	wa, II FA			
Andrew Bowers	[Emel	Dan	tion/I shor Organizations	ــــــــــــــــــــــــــــــــــــــ			Form (Cash, Chec	k, etc.)	
Street Address	Employer/	occupa	ation/Labor Organization*			Ì	Check	, *****/	
953 Neil Ave.	- a		Zip Code	М	D	ΙΥ	Amount		
Columbus	State	° H	43201		1 .	1		50.00	
Columbus Paul Name of Contributor	0	11	404UI	0 4		ber, if PA		50.00	
Full Name of Contributor Diotor Idizates				regism	INDI	.vei, il FA			
Pieter Wykoff	Emala	Occurr	tion/Labor Organization*	<u> </u>			Form (Cash, Chec	k, etc.)	
Street Address	Employer/Occupation/Labor Organization*								
230 East Oakland Ave.	64-1		Zip Code	М	T D	ΤΥ	Check Amount	······································	
Columbus	Stat	e H	ł ⁻		1 .	1		50.00	
Columbus	O	1 4	43201	0 4		0 5 iber, if PA		50.00	
Full Name of Contributor				vekisii	MIP IRON	.v.i, 11 FA	~		
Citizens for Jim Petro	TE	Occ	tion/I show Occasionations	<u> </u>			Form (Cash, Chec	k etc \	
Street Address	rampioyer/	occupa	ation/Labor Organization*					, <i>UNV.)</i>	
1933 Lakeshore Dr.	 		Zip Code	M	D	ΙΥ	Check Amount		
Columbus	Stat	* H	ł .		1	f . 1		75.00	
Columbus Full Name of Contributor	O	7.7	43204	0 4		ber, if PA		75.00	
				rogism.	INIII	, 11 FA			
Joshua Ryan	Employer	Occure	ation/Labor Organization*	<u></u>			Form (Cash, Chec	k. etc.)	
Street Address	caupioyer/	-raupa	montano Organization				Check		
One Miranova Pl.	Stat	9	Zip Code	Тм	T D	ΙΥ	Amount		
Columbus	OStat		43215			0 5		500.00	
Columbus Full Name of Contributor	101	11	1 30410			bor, if PA		500.00	
Full Name of Contributor Polymor, McNicol				Logistic	LIMF ARMEL	, u r'A			
Palmer McNeal	Employ	Oceanor	tion/I shor Organization*	<u> </u>			Form (Cash, Chec	k, etc.)	
Street Address	Employer/Occupation/Labor Organization*				Check				
5169 Springfield Ct.	Stat		Zip Code	М	D	ΙΥ	Amount	,	
Columbus	OStat	H	43081	1		1 .	li i	500.00	
Columbus Full Name of Contributor	10		1 -70/01	0 4		uber, if PA		JUV.00	
				Erst.		33 EM	- -		
Robert Klaffky Street Address	Employee	Occur	ation/Labor Organization*				Form (Cash, Chec	k, etc.)	
	Zanpioyer/	upt					Check	-,,	
41 S. High Street Suite 3710	Stat	e	Zip Code	M	D	Y	Amount		
Columbus	1	e H	43215	1	1 .	1 .	•	250.00	
Columbus				10 4				س.∪∪	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,550.00

Page 9

Prescribed by Secretary of State 3/05

	. 10001100	- 0,	outy of Said S/03					-		
Name of Committee in Full										
The Committee to Elect Eddie Pauline										
Full Name of Contributor	ne of Contributor Registration Number, if PA					c				
Zuheir Sofia								,		
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
225 Stanberry Ave.	l								Check	
City	St	ate	Zip Code	М	1	D	•	Y	Amount	
Columbus	0	H	43209	0 4		<u>L</u> 3		5	250.00	
Full Name of Contributor				Registr	ation	n Nun	nber,	if PA	C	
Scott Brown										
Street Address	Employe	я/Оссира	tion/Labor Organization*						Form (Cash, Check, etc.)	
4979 Claymill Dr.	}								Check	
City	St	ate	Zip Code	М		D	1	Y	Amount	
Columbus	0	H	43026	0 4	. 1	1 3	0	5	25.00	
Full Name of Contributor				Registr	ation	n Nun	nber,	if PA	C	
Street Address	Employe	er/Occupa	tion/Labor Organization*	.,					Form (Cash, Check, etc.)	
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City	St	tate	Zip Code	M	Τ	D		Y	Amount	
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Full Name of Contributor				Registr	ation	n Nun	nber,	if PA	.c	
				<u> </u>						
Street Address	Employe	er/Occupe	ntion/Labor Organization*					,,	Form (Cash, Check, etc.)	
	1									
City	St	tate	Zip Code	М	Т	D	Т	Y	Amount	
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Full Name of Contributor				Regist	ratio	n Nur	nber,	if PA	C.	
				L						
Street Address	Employe	ег/Оссир	ntion/Labor Organization*	-					Form (Cash, Check, etc.)	
i de la companya de	ì									
City	Si	tate	Zip Code	M	T	D	T	Y	Amount	
	1				L		L			
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·			Regist	ratio	n Nur	nber	, if PA	VC	
Street Address	Employ	er/Occup	ation/Labor Organization*						Form (Cash, Check, etc.)	
City	S	tate	Zip Code	M	T	D	Τ	Y	Amount	
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Full Name of Contributor				Regist	ratio	n Nur	nber	, if PA	AC	
Street Address	Employ	er/Occup	ation/Labor Organization*						Form (Cash, Check, etc.)	
City	S	tate	Zip Code	М	Т	D	Т	Y	Amount	
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Full Name of Contributor				Regist	ratio	n Nu	mber	, if PA	AC	
				ı						
Street Address	Employ	er/Occup	ation/Labor Organization*						Form (Cash, Check, etc.)	
1	1								i	
City	S	tate	Zip Code	М	T	Ď	T	Y	Amount	
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1. 1.6. Lib. Lib. Company C100 to etretouride and cone	nal accord	dr. condid	etas. If contributor is salf amula	wed the	veen.	nation	and	the n	ame of the	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 275.00

	1
Page	1

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full						······	
Name of Committee in Full The Committee To Elect Eddie I	Pauline						
Full Name	· umit		Registrat	tion Num	nber, if PA	₹C	
			- Logistia	411	,		
Bank One	Type*		М	D	ΙΥ	Amount	
Address 100 F Broad Stroot	I N		$0 \mid 4$	1	1 .	1	0.41
100 E. Broad Street	State	Zip Code	Form(Ca	ash,Checl	k,etc)		V.71
	- 1 77	43215	1	Cash			
Columbus	O H	40210			l nber, if PA	\C	
Full Name			Logistra	14111	s, 11 F l		
Address	Type*		М	D	Y	Amount	······································
	1						
City	State	Zip Code	Form(Ca	ash,Checl	k,etc)		
,	State	1	1(~	,			
Full Name			Registra	tion Num	nber, if PA	AC	
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Address	Type*		М	D	Y	Amount	
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City	State	Zip Code	Form(Ca	ash,Chec	k,etc)		
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Full Name			Registra	tion Nun	nber, if PA	4C	
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Address	Type*		М	D	Y	Amount	
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City	State	Zip Code	Form(Ca	ash,Chec	k,etc)		
		L		_			
Full Name			Registra	tion Nun	nber, if P	AC	
			_				
Address	Type*		М	D	Y	Amount	
					1	L	
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)		
Full Name			Registra	tion Nun	nber, if P	AC	
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Address	Type*		М	D	Y	Amount	
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)		
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Full Name			Registra	tion Nun	nber, if P	AC	
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Fuli Name			Registra	ition Nun	nber, if P	AC	
				-			
Address	Type*		М	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	ck,etc)		
				-			
* Diggs the two letter gods in the Type block (one letter per	payare) which indicates the no	ture of the Other Income Dec	aired DE for	refund	mencher	I check or the	

committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 0.41

Page	1
6	

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full								
The Committee to Elect Eddie Pauline						T - ;		
To Whom Paid				M	D	Y	Amount	270.00
The United States Post Office	In.			0/3	12 4	0 5	L	370.00
	Purpose	20.50.0						
850 Twin Rivers Dr		mps	7 in Code	Check N	Jumber			
City Columbus	O St	ate H	Zip Code 43215			Check		
To Whom Paid				M	D	Y	Amount	
Excelsior Printing Co.				0 4	1 0	0 5		273.28
Address	Purpose							
2000 Parsons Ave.	Pri	nting						
City	St		Zip Code	Check Number				
Columbus	0	H	43207		1			
To Whom Paid				М	D	Y	Amount	
Address	Purpose					1		
K MAI 633								
City	St	ate	Zip Code	Check h	Number			
		[L				
To Whom Paid				M	D	Ŷ	Amount	
Address	Purpose							
City	St	ate	Zip Code	Check 1	Vumber			
	"			[
To Whom Paid	<u> </u>			М	D	Y	Amount	
							<u></u>	
Address	Purpose					·····		
City	St	ate	Zip Code	Check l	Number			
	<u> </u>					1		
To Whom Paid				M	D	Y	Amount	
A 11	Due						<u> </u>	
Address	Purpose							
City	St	nte	Zip Code	Check 1	Number			
	1			1				
To Whom Paid				M	D	Y	Amount	
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Address	Purpose							
	<u> </u>		7'- 0.1	Ci 1- 3	Y1			
City	St	ate	Zip Code	Check ?	vumber			
To Whom Paid		l		М	D	Y	Amount	
Address	Purpose							
City	St	ate	Zip Code	Check 1	Number			
	<u> </u>			<u> </u>				

Page Total \$ ___643.28

Event Date	4/13/05
Page	1

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full The Committee to Elect Eddie Pauline Registration Number, if PAC Full Name of Contributor Nicholas Everhart Employer/Occupation/Labor Organization* D Street Address 75.00 1 3 0 5 0 4 3944 North Hampton Dr. Zip Code Form(Cash,Check,etc) 43065 Check H Columbus Registration Number, if PAC Full Name of Contributor Stephen Helwagen Employer/Occupation/Labor Organization* Amount 0 4 1 3 0 5 50.00 241 Kev Blvd. Zip Code Form(Cash,Check,etc) State 43062 check H Pataskala Registration Number, if PAC Full Name of Contributor Mory Fuhrmann Employer/Occupation/Labor Organization* Amount 50.00 0 4 0 8 0 5 4603 Ludington Rd. Zip Code Form(Cash,Check,etc) City State 43227 Check Columbus Registration Number, if PAC Full Name of Contributor Aaron Leventhal Employer/Occupation/Labor Organization* Amount Street Address 0 4 1 3 0 5 50.00 759 city Park Ave. Form(Cash,Check,etc) Zip Code State 43206 Check H Columbus Registration Number, if PAC Full Name of Contributor George Arnold Employer/Occupation/Labor Organization* Amount 75.00 0 4 1 3 0 5 3020 Dale Ave. Zip Code Form(Cash,Check,etc) State 43209 Check Columbus Registration Number, if PAC Full Name of Contributor Michael Valo Employer/Occupation/Labor Organization* Amount 0 4 1 3 0 5 50.00 931 Longview Ct. Zip Code Form(Cash,Check,etc) 43235 Check Columbus Registration Number, if PAC Full Name of Contributor Andrew Bowers Employer/Occupation/Labor Organization* 1 3 0 5 50.00 953 Neil Ave. Form(Cash,Check,etc) Zip Code 43201 Check Columbus

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

TOME COMMISSION I	TID O LOUIS
1	
1 -	
2125.00	
סמ. ונוגו	
1 7123.00	

Total expenditures this event

Invoice not recieved

Page Total \$ 400.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	4/13/05
Page	2

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full The Committee to Elect Eddie Pauline Registration Number, if PAC Full Name of Contributor Pieter Wykoff Employer/Occupation/Labor Organization* Street Address 50.00 0 4 1 3 0 5 230 East Oakland Ave. Zip Code Form(Cash.Check.etc) State 43201 Check Columbus H Registration Number, if PAC Full Name of Contributor Citizens for Iim Petro Employer/Occupation/Labor Organization* Amount Street Address 0 4 1 3 0 5 75.00 1933 Lakeshore Dr. Zip Code State Check 43204 Columbus Registration Number, if PAC Full Name of Contributor Ioshua Rvan Employer/Occupation/Labor Organization* Street Address 500.00 0 4 1 3 0 5 One Miranova Pl. Zip Code Form(Cash,Check,etc) State City 43215 Check H Columbus Registration Number, if PAC Full Name of Contributor Palmer McNeal Employer/Occupation/Labor Organization* Street Address 0 4 1 3 0 5 500.00 5169 Springfield Ct. Form(Cash,Check,etc) State Zip Code 43081 Check Columbus Registration Number, if PAC Full Name of Contributor Robert Klaffky Employer/Occupation/Labor Organization* Amount Street Address 250.00 0 4 1 3 0 5 41 S. High St. Suite 3710 Zip Code Form(Cash, Check, etc) State 43215 Check Columbus Registration Number, if PAC Full Name of Contributor Zuheir Sofia Employer/Occupation/Labor Organization* Street Address 250.00 0 4 1 3 0 5 225 Stanberry Ave. Zip Code Form(Cash,Check,etc) 43209 Check Columbus Registration Number, if PAC Full Name of Contributor Scott Brown Employer/Occupation/Labor Organization* Amount Street Address 25.00 0 4 1 3 0 5 4979 Claymill Dr. Zip Code Form(Cash,Check,etc) 43026 Check Columbus

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

j	ota	con	tribu	tions	this	event	

2125.00

Total expenditures this event

Invoice not recieved

Page Total \$ 1.650.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	4/13/05
Page	3

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full The Committee to Elect Eddie Pauline Registration Number, if PAC Full Name of Contributor Matthew Ottiger Employer/Occupation/Labor Organization* Street Address 75.00 0 4 1 3 0 661 Briggs St. Form(Cash,Check,etc) Zip Code 43206 Check Columbus H Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* D Amount Street Address Form(Cash,Check,etc) State Zip Code Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* Amount Street Address State Zip Code Form(Cash,Check,etc) City Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization* D Amount Form(Cash,Check,etc) State Zip Code Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* Amount Street Address State Zip Code Form(Cash,Check,etc) Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* Street Address D Amount Zip Code Form(Cash,Check,etc) Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* D Amount Street Address Zip Code Form(Cash,Check,etc) City

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

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11175	באם.
	100

Total expenditures this event

Involve not recieved

Page Total \$	<u>75.00</u>	l
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^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page	1

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			/ ////////////////////////////////////			
The Committee to Elect Eddie Pauline						
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Lindsey Boyer		. y	-	•		
Street Address	Description of Ite	m or Service	MID	Y Fair Market Value		
		ame Badge	0 4 1	2 0 5 23.48		
1734 Northwest Blvd	State	Zip Code		Fundraising Event?		
City Columbus	O H	43215	YES			
COLUMOUS Full Name of Contributor		ation, Labor Organization *		Number, if PAC		
	Lampioyer, Occup	weiters America Ciganization	- Ton and it			
Eddie Pauline Street Address	Description of Ite	m or Service	MI	Y Fair Market Value		
		lstock, Labels		5 0 5 93.45		
980 King Ave. Bldg. 9 Apt. 6	State	Zip Code		fundraising Event?		
City Columbus	H	43212	YES			
Full Name of Contributor		pation, Labor Organization *		Number, if PAC		
	Limpioyer, Occup	mion, mion organization				
Eric Weldele Street Address	Description of Ite	m or Service	MI	Y Fair Market Value		
	•	Envelopes	1 1	5 0 5 93.44		
3127 Menzola Dr	State	Zip Code		Fundraising Event?		
Columbus	O H	43228	T YES	- manual		
Columbus Full Name of Contributor		pation, Labor Organization *		Number, if PAC		
	Employer, Occup	ation, Labor Organization	Kegistration	Number, it is a		
Eddie Pauline	D		ME	Y Fair Market Value		
Street Address	Description of Item or Service		1 1	9 0 5 61.23		
980 King Ave. Bldg. 9 Apt. 6	Ctata	Printing Zip Code		Fundraising Event?		
Colombia	State H	43212	YES	parties .		
Columbus Full Name of Contributor		ation, Labor Organization *		Number, if PAC		
	Employer, Occup	adon' ranoi Oigankadon .	regionanon.	11011104, 11 1 110		
Eddie Pauline	Description of Ite	um or Service	M I	Y Fair Market Value		
Street Address	1 .		1 1 -	9 0 5 100.31		
980 King Ave. Bldg. 9 Apt. 6		pes and Postage		Fundraising Event?		
Calcardage	State H	43212	YE			
Columbus				Number, if PAC		
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	veRionanou	numou, it i AC		
Eddie Pauline	B	a. C	MI	Y Fair Market Value		
Street Address	Description of Item or Service		1			
980 King Ave. Bldg. 9 Apt. 6		Printing Printing	0 2 1	1 0 5 10.68		
Calamakana	State H	Zip Code 43212	YE			
Columbus				Number, if PAC		
Full Name of Contributor	cmpioyer, Occup	oation, Labor Organization *	VeRigination	Numosi, ii fac		
Eddie Pauline	D		MI	Y Fair Market Value		
Street Address	Description of Item or Service					
980 King Ave. Bldg. 9 Apt. 6	1	Stamps	101310	2 0 5 111.00 Fundraising Event?		
City	State	Zip Code	Received at 1			
Columbus	$O \mid H$	43212				
Full Name of Contributor	Employer, Occur	pation, Labor Organization *	Kegistration	Number, if PAC		
Eddie Pauline	<u> </u>		 	N. Pair Malar Value		
Street Address	Description of Item or Service		MI	1 1		
980 King Ave. Bldg. 9 Apt. 6		tation cutting		905 11.44		
City	State	Zip Code		Fundraising Event?		
Columbus	$O \mid H$	43212	YE	s 🛂 NO		

Page Total \$ 505.03

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page_	2

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
The Committee to Elect Eddie Pauline							
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration	Registration Number, if PAC			
Eddie Pauline	Employor, Occupation, Lavor Organization		1				
Eddle Fauille Street Address	Description of Item	or Service	М	D ?	Y Fair Market Value		
	1 -	Printing	1	0 8 0	·	21.02	
980 King Ave. Bldg. 9 Apt. 6		Zip Code	Received	at Fundraisi	ng Event?		
City Columbus	H	43212	-	YES	ØиO		
Full Name of Contributor		tion, Labor Organization *		ion Number,			
Eddie Pauline		. •	1	,			
Eddle Fauline Street Address	Description of Item	ı or Service	M	D ,	Y Fair Market Value		
		Cardstock	1013	. 1	15	32.00	
980 King Ave. Bldg. 9 Apt. 6		Zip Code	Received	at Fundraisi			
City Columbus	H	43212		YES	Vo		
COLUMDUS Full Name of Contributor		tion, Labor Organization *		ion Number,			
Full Name of Contributor Eddie Pauline	, occupa	,	1	,			
Eddie Pauline Street Address	Description of Item	or Service	М	D .	Y Fair Market Value		
		stock Cutting	1		5	6.36	
980 King Ave. Bldg. 9 Apt. 6		Zip Code		at Fundraisi			
Columbus	State H	43212		YES	NO		
Columbus Full Name of Contributor		ation, Labor Organization *	1	ion Number,		•	
	January VI, Occupa		1				
Eddie Pauline Street Address	Description of Item	1 or Service	M	D	Y Fair Market Value		
		stock cutting	1	2 6 0		4.77	
980 King Ave. Bldg. 9 Apt. 6		Zip Code		at Fundrais			
Columbus	O H	43212		YES	✓ NO		
Columbus		ation, Labor Organization *		tion Number,		*******	
Full Name of Contributor	Limpioyer, Occupa	Labor Organization	- Sistiat		• · · · · · · · · · · · · · · · · · · ·		
Eddie Pauline	Description of Item	1 or Service	Т м Т	D	Y Fair Market Value		
Street Address			0 1		5 5	12.74	
980 King Ave. Bldg. 9 Apt. 6	Printing and Copying		1011	at Fundrais		14./3	
Calcara laca	State H	Zip Code 43212		YES	NO NO		
Columbus		43212 ation, Labor Organization *		tion Number,			
Full Name of Contributor	Employer, Occupa	anon, Lavor Organization *	registrat	I TUILIUCI	.,		
Eddie Pauline	Description of Item or Service		М	D	Y Fair Market Value	<u> </u>	
Street Address OOO Ving Arro Plda O Apt 6			1	0 2 0	1	15.25	
980 King Ave. Bldg. 9 Apt. 6		Copying Zip Code		o Z U l at Fundrais		<u> </u>	
Columbus	1 77 1	Zip Code 43212	1	YES	sing Event/		
Columbus				YES tion Number			
Full Name of Contributor	Employer, Occupa	ation, Labor Organization *	Cegistrat	truilibel	-y am & # 1894		
Eddie Pauline	Description of	a or Corrier	1 34	D	Y Fair Market Value		
Street Address	Description of Item or Service		M				
980 King Ave. Bldg. 9 Apt. 6	Response Cards		10 2	1 3 0 at Fundrais	ing Event?	23.48	
City		Zip Code 43212		l at Fundrais YES	sing Event?		
Columbus	O H	43212		YES tion Number			
Full Name of Contributor	Employer, Occupa	ation, Labor Organization *	Registrat	non isumbei	., u . no		
Eddie Pauline		n oe Carri-	+,,-	<u></u>	Y Fair Market Value		
Street Address	Description of Item		M	1 . 1	Y Fair Market Value	18.94	
980 King Ave. Bldg. 9 Apt. 6		g and Copying	0 2	280 at Fundrais		10.74	
Columnia	3	Zip Code 43212		l at Fundrais YES	sing Event? NO		
Columbus	$O \mid H$	43414		110	CINO		

Page Total \$	134.56	V	
	101.00	٠ ' ا	

Page Total \$ 6.67

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]